



Weldon Parker - AP1330
 Name and Prisoner/Booking Number
CSP-SAC
 Place of Confinement
2900000. P.O. BOX
 Mailing Address
REPRESENTATIVE 95671
 City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

Weldon Parker - AP1330
 (Full Name of Plaintiff) Plaintiff,
 v.
 (1) WARDEN JEN. JONES
 (Full Name of Defendant)
 (2) Officer, A. B. B. B. B.
 (3) Officer J. Corvelli
 (4) Officer N. West
 Defendant(s).
☐ Check if there are additional Defendants and attach page I-A listing them.

CASE NO. 2:22-cv-2015-KJN (PC)

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: CSP-SAC, REPRESENTATIVE

B. DEFENDANTS

1. Name of first Defendant: Jeffrey M. [unclear] The first Defendant is employed as:
Officer at CSP-SAC
(Position and Title) (Institution)
2. Name of second Defendant: Mr. [unclear] The second Defendant is employed as:
Officer at CSP-SAC
(Position and Title) (Institution)
3. Name of third Defendant: J. [unclear] The third Defendant is employed as:
Officer at CSP-SAC
(Position and Title) (Institution)
4. Name of fourth Defendant: [unclear] The fourth Defendant is employed as:
Officer at CSP-SAC
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Right to Government
and Unlawful Imprisonment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On 10-31-19, Officer Nixest and inmate Durell Buckett #6.05549 to Murder me while I attended JuvRoom. Officer Nixest Aided in the Attack by personally taking off the RESTRAINTS of Buckett before his lock was made so Buckett could run out of his cell freely to attack me while I sat chained to the JuvRoom chair. I was violently HIT-KICKED, SUFFERING INJURIES TO MY FACIAL AREAS, CHEST AND OTHER PARTS OF MY BODY FROM THE VIOLENT ACTIONS OF OFFICER NIXEST WHILE OPERATING UNDER THE COLOR OF LAW TO HIRE AN INMATE TO COMMIT MURDER UPON ME DUE TO ME REPORTING OFFICER SANDOZ. THIS IS VIOLATES MY CONSTITUTIONAL RIGHTS TO BE FREE OF CRUEL UNLAWFUL PUNISHMENTS. ALSO MY SAFETY HAS BEEN THREATENED AND MY LIFE HAS BEEN PLACED IN IMMEDIATE DANGER AT RISK OF IRREDECEABLE INJURIES. IT WAS MADE KNOWN IN THE PROBATION OFFICE OF THE VIOLENT CRIMINALS AND OFFICERS MISCONDUCT FROM THE CONTINUED VIOLENT INCIDENTS OF INMATE ATTACKS AND MURDERS WHERE STATE WAS DENIED REQUEST FOR RETALIATION WHEN INMATES FILING COMPLAINTS (SEE EXHIBITS A-1).

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I WAS INJURED FROM OFFICER NIXEST HIRING INMATE TO KILL ME ON 10-31-19 SUFFERING STABLE WOUNDS, INJURY, AND FEAR OF THE FEAR I'M BEING VERY MUCH DEPRESSOR AND FEARFUL BEHIND MY CELL.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: Eight Amendment
CRUEL UNUSUAL PUNISHMENT, DELIBERATE INDIFFERENCE

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☒ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

THE EIGHT AMENDMENT PROHIBITS PRISON OFFICIALS FROM ACTING TO SERIOUSLY LIFE THREATEN CONDITIONS IN PRISON. THE PRISON HAS BEEN KNOWN FOR THE LIFE THREATENING CONDITIONS THAT PLACED THE LIVES OF INMATES AT SERIOUS RISK. IN ADDITION TO THE SERIOUS RISK, THE PRISON IS DELIBERATE INDIFFERENCE VIOLATION OF THE EIGHT AMENDMENT CONSTITUTIONAL RIGHTS.

WARDEN SEE LUCH, THE PRISON SUPERVISING OFFICIAL ACTED WITH DELIBERATE INDIFFERENCE WHEN HE IGNORED AN OBVIOUS AND VERY SERIOUS DANGER TO MY LIFE FROM CSP-SAC OFFICERS PLACING "HITS" ON MY LIFE FROM 10-31-19 AND CONTINUED WARREN THREATS OF RETALIATIONS EXTENDED OVER A PERIOD OF 3 WEEKS (SEE INCIDENTS FROM DATED 02-04-2020). I WROTE THE WARDEN OFFICE JEFF LUCH, COUNTLESS TIMES AND I SO ALLEGES AND SUPERINTENDENCE, C.E.O. OF THE PRISON ALSO THE WARDEN OFFICE FROM CAMP VIOLENCE SEEKING HELP TO NO avail REPORTING OFFICERS MISCONDUCT OF CRIMINAL ACTIONS AND JEFF LUCH DID NOTHING ALLOWING INCIDENTS TO BE COVERED UP AND FAILURE TO WHEREVER ACCORDING TO POLICE (SEE EXHIBITS B-2) AND (SEE EXHIBIT C-3) PLACING MY LIFE IN IMMEDIATE DANGER AND FURTHER INJURY.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

FROM THE PRISON SUPERVISING OFFICIAL DELIBERATE INDIFFERENCE FAILING TO INTERVENE, HE DIDN'T SUFFERING AN AVE EMOTIONAL DISTRESS AND LIVING MYSELF FROM ATTEMPT SUICIDES.

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

1. State the constitutional or other federal civil right that was violated:
2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other:	
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
5. **Administrative Remedies.**

 - Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
☐ Yes ☐ No
 - Did you submit a request for administrative relief on Claim III?
☐ Yes ☐ No
 - Did you appeal your request for relief on Claim III to the highest level?
☐ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I am seeking \$ 5,000,000.00 in punitive damages. I am seeking criminal charges to be filed upon defendants for murder for hire with intent to kill, also extortion of monies from my family, also all officers fired involved in the cover up. I am demanding a jury trial, consideration for monetary loss, destruction of my reputation, pictures, letters, files. I demand a jury trial.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11-7-22

DATE

SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

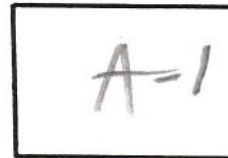
(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

EXHIBIT COVER PAGE



EXHIBIT

Description of this Exhibit: *Declarations Jurrell Rickett, 602
Medical Report of injury, photos of weapons used.*

Number of pages to this Exhibit: 4 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☒ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury

I, Durrell Anthony Puckett declare that Lt. Williamson got upset when I made a statement for T/p Parker about c/o West on how staff intentionally allowed him to get victimized by me, he should not even get found guilty of a RVR 115 for defending himself.

I also want it noted that Z boated %West for him deliberately allowing a inmate to almost get killed.

%West knew of our disagreement with each other so %West stated "This is your chance," referring to T/p Parker... West and T/p Parker had previously had exchanged words so he payed me through a Greendot number to try to kill Parker and ^{up} which I was unsuccessful. Due to T/p Parker was trying to peacefully protect his rights.

I want it noted that Lt. Williamson did not write my statement down nor ask (2) or more questions.

I, Durrell Anthony Puckett declare under penalty of perjury that the foregoing is true and correct on December 30th, 2019 Durrell A. Puckett
Declarant D. Puckett

I, Durrell Anthony Puckett declare as follows;

1) on 10/31/19 officers heard me engage in a intense abusive conversation with Inmate/Patient Parker (edc no: AP1330) so Prior to dayroom activity officer West had approached my cell and stated "Now or never if you want Parker," or words to that effect.

2) I, stated "for real," and West stated "Yeah he wants to file 602's will set it up," or words to that effect.

3) the camcorder will show West retaking my waist chains off than the door opening.

4) I told Lt. Williamson on 12.11.19 ~~around~~ around 6:13 p.m. but he gotten mad and walked off without writting anything down.

5) Officer J. Monroy and Sgt. C. Parham had no knowledgment to my understanding.

I, Durrell Anthony Puckett declare under penalty of perjury that the foregoing is true and correct on December 11th, 2019 in Represa, California *DAP*

Declarant

Durrell Anthony Puckett
edc # G-05549

n n n

A-1 EXHIBIT

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region: JMC-B-19-05075	Log #: 7	Category:
2001293			
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): PARKER, MELVIN	CDC Number: H-1330	Unit/Cell Number: B8-Cell 113	Assignment: ITRTHU
------------------------------------	--------------------	-------------------------------	-------------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue):
Wast, J. Monroy, and staff Sergeant C. Parham. By failing to perform their duties set forward by the department of Correction policy that all segregated inmates shall be placed under Restraints while leaving cell & housing unit to ensure the safety of staff & inmates. This did not happen officer West failed to secure inmate pucker in waist Restraint and keep a visual on him before ordering the control to open the door, so did escorting officers J. Monroy and Sergeant C. Parham who was suppose to have had a video visual of the inmate before okaying officer West to signal the control booth to open the door. Had this happen the officers would have saw that the inmate was free of waist Restraints and would have prevented the attack on me while I sat in Restraints fully from head to toe locked down to an chain in the dayroom suffering 5 to 6 stab wounds from this attack. The dayroom camera clearly captures this neglect of duty as officers.

Inmate/Parolee Signature: Melvin Parker Date Submitted: 11-19-19

ONLY

CSP-SAC APPEALS
NOV 25 19 AM 10:27

STAFF USE

REC'D BY OOA

JAN 21 2020

B. Continuation of CDCR 602, Section B only (Action requested):

Inmate/Parolee Signature:

Date Submitted:

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

I am Dissatisfied with Actions taking against all parties involved in this incident. At no time shall any peace officer breach their commitment to duty and fail to protect under law by part taken in criminal activities such as setting inmates up to be killed, or harmed in anyway. Also its the higher Command obligations to hold all officers to a higher standards According to Law and should enforce all Rules and Regulations might their be one broken. In this case there was which the video clearly show. Further there is a written Declaration from inmate Durrell A. Puckett, who state officer West part took in a set-up of myself because of Retaliation Factors, Also paying inmate pucket to committee these Actions which are clearly violations of CDC policy's and violstion of Law punishable of Jail time murder For hire -

Inmate/Parolee Signature: _____

Date Submitted: _____

1-10-20

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE**
CDCR 7219 (Rev. 01/18)

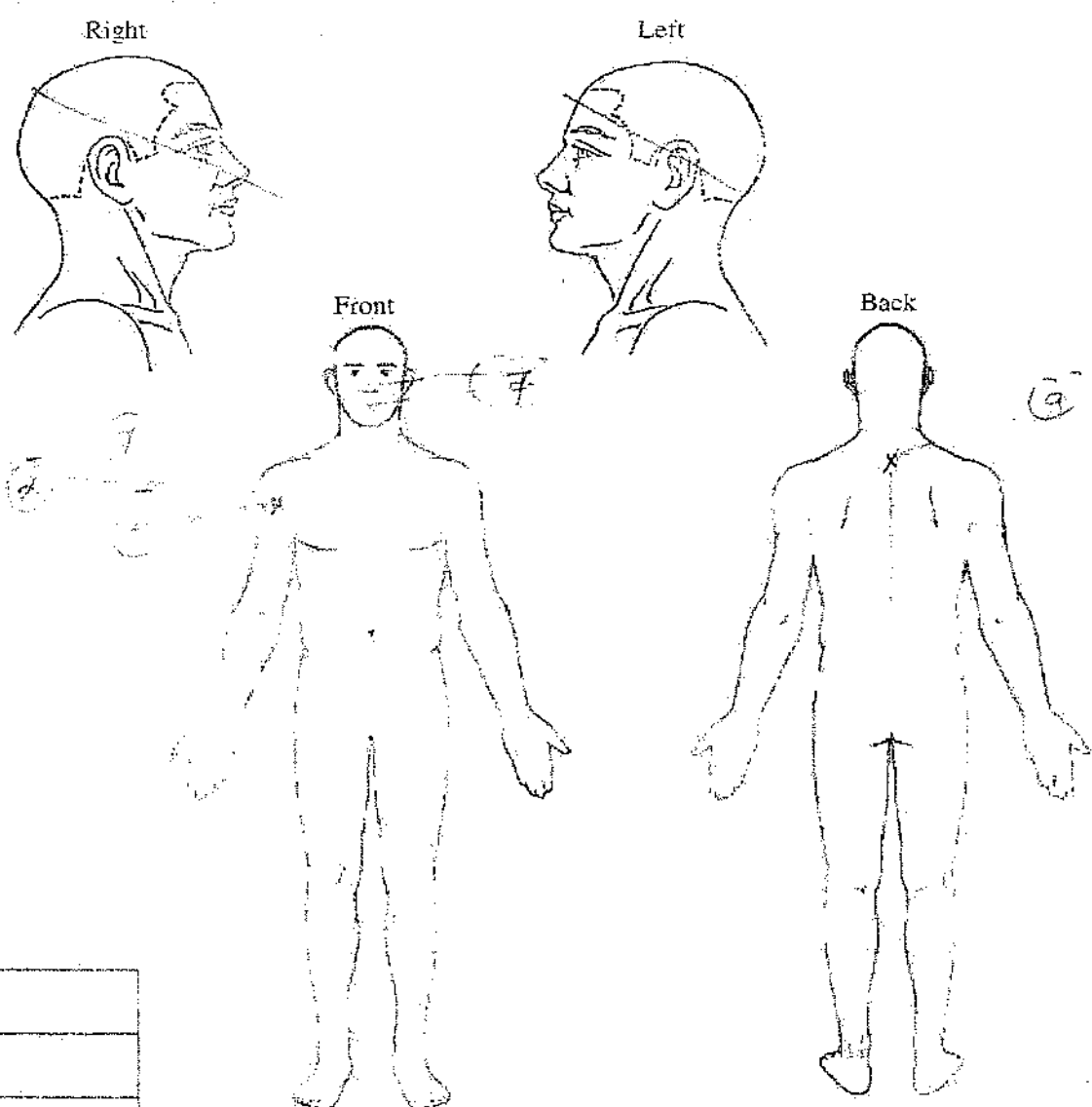
DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NAME OF INSTITUTION CSP SMC		LOCATION OF EVALUATION TRA		DATE 10/31/19	
REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input type="checkbox"/> USE OF FORCE <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS <input checked="" type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input type="checkbox"/> OTHER					
NAME LAST PARER FIRST M		CDCR NUMBER AP1332		VISITOR ID # (SOMS)	
PLACE OF OCCURRENCE 34		DATE OF OCCURRENCE 10/17/19		TIME OF OCCURRENCE 17:17	
		TIME SEEN 18:08		RN NOTIFIED TIME 17:47	
				PHYSICIAN NOTIFIED TIME 2:18 1822	
BRIEF NARRATIVE IN SUBJECT'S WORDS OF THE INCIDENT CAUSING THE INJURY OR UNUSUAL OCCURRENCE					

I found the same injury which happened

INJURIES FOUND?	YES / NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
Swollen Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Pre-Existing	16
Other	17
	18
Chemical Agent Exposure?	YES / NO
Chem. Agent Exposure Area	EX
Decontaminated w/ Water?	YES NO REFUSED
Decontaminated w/ Air?	YES NO REFUSED
Self-decontamination instructions given?	YES NO
Staff Is'ned Exposure packet?	YES NO
Q 15 min. check times	



Initial	Check
2:18 1822	Final
TIME/DISPOSITION	

REPORT COMPLETED BY TITLE (PRINT AND SIGN) [Signature]	PERNR / INST. ID # EX	ASSIGNMENT AREA 772
--	---------------------------------	-------------------------------

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**
 CDCR 7219 (Rev. 01-18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NAME OF INSTITUTION CSP SAC		LOCATION OF EVALUATION BS MR		DATE 10-5-19	
REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input checked="" type="checkbox"/> USE OF FORCE <input type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS					
<input type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input type="checkbox"/> OTHER					
NAME SCHMITT T.		CDCR NUMBER	PERN/INST ID #	VISITOR ID # (SOMS)	
PLACE OF OCCURRENCE BF Sec 2m Dayroom	DATE OF OCCURRENCE 6-8-19	TIME OF OCCURRENCE 1747-1749	TIME SEEN 1817	RN NOTIFIED TIME	PHYSICIAN NOTIFIED TIME

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

**During the incident I got blood on my hands.
 I'm not sure if**

INJURIES FOUND? YES/NO

Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Full Laceration/Slash	9
Swollen Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Pre-Existing	16
Other	17
	18

Chemical Agent Exposure? YES/NO

Chem. Agent Exposure Area EX

Decontaminated w/ Water? YES/NO REFUSED

Decontaminated w/ Air? YES/NO REFUSED

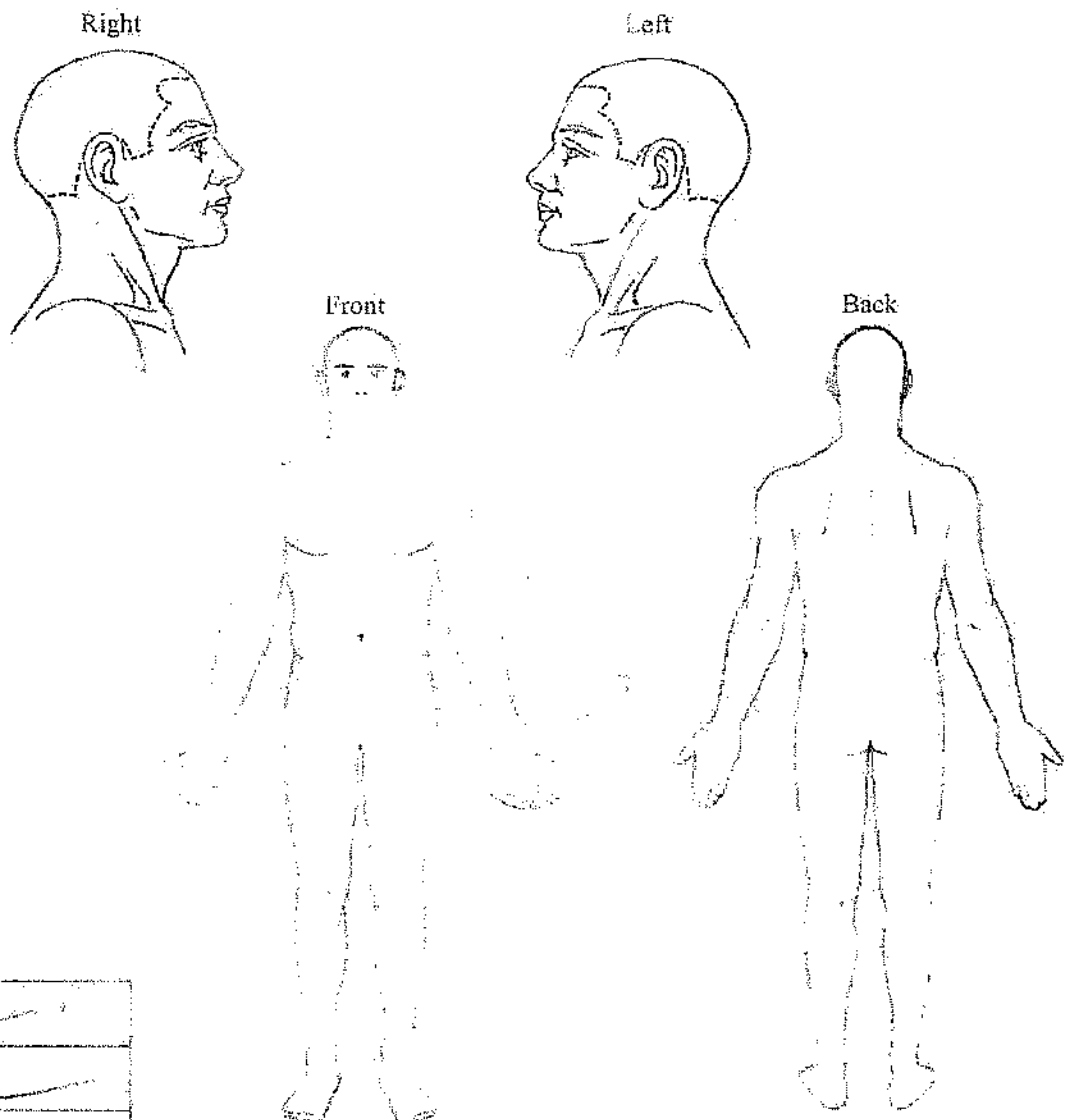
Self-decontamination instructions given? YES/NO

Staff issued exposure packet? YES/NO

Q 15 min. check times

Initial	1 st Check
2 nd Check	Final

TIME DISPOSITION



REPORT COMPLETED BY: TITLE, PRINT, AND SIGNATURE

PERN/INST ID #

RDO#

ASSIGNMENT AREA

FACILITY PSM 3

A1-Exhibit

SAC-FAB-19-10-1333

Subject: INMATE PUCKETT (G05549, FB8-117L)

The following photographs were taken by Officer R. Thao Badge # 1747 on 10/31/2019

Photo 009



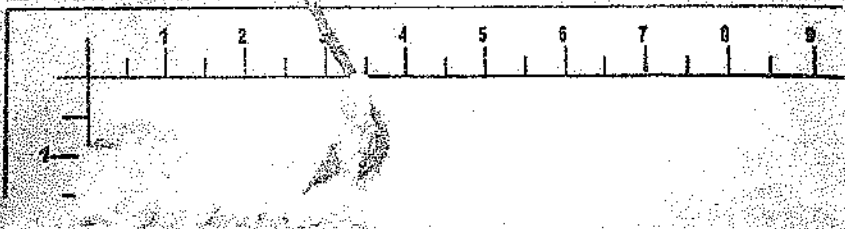


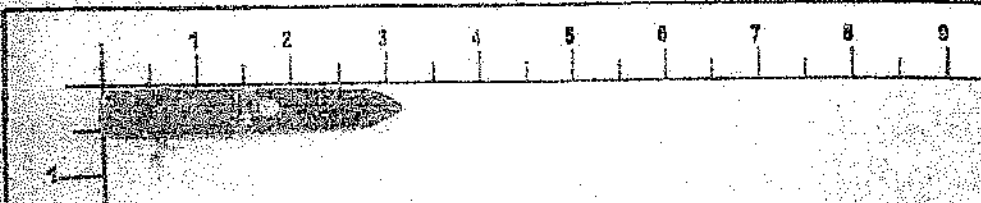
		EVIDENCE PHOTOGRAPH			
California State Prison -- Sacramento					
B-FACILITY					
DATE:	10/31/19	TIME:	1747		
NAME:	PUCKETT	CDCR#	G05549		
NAME:		CDCR#			
TYPE OF INCIDENT					
BATTERY ON INMATE W/ A DEADLY WEAPON RESULTING IN THE USE OF FORCE (M.E.B., 1x 40 mm Direct Impact, Physical)					
OFFICER:		R. THAO			
					

Photo 010

		EVIDENCE PHOTOGRAPH			
California State Prison -- Sacramento					
B-FACILITY					
DATE:	10/31/19	TIME:	1747		
NAME:	PUCKETT	CDCR#	G05549		
NAME:		CDCR#			
TYPE OF INCIDENT					
BATTERY ON INMATE W/ A DEADLY WEAPON RESULTING IN THE USE OF FORCE (M.E.B., 1x 40 mm Direct Impact, Physical)					
OFFICER:		R. THAO			
					

SAC-FAB-19-10-1333

Subject: INMATE PUCKETT (G05549, FB8-117L)

The following photographs were taken by Officer R. Thao Badge # on 10/31/2019

Photo 007



Photo 008



EXHIBIT COVER PAGE

B-2

EXHIBIT

Description of this Exhibit: *Letters to Warden office 11-10-21,
medical reports 5-9-2020, letter to ISU 8-25-21, + Kelly Jo*

Number of pages to this Exhibit: 6 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☒ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury

U-JAYC EM

EXHIBITS
B-2

TO:

Jeff Lynch

THE HEAD WARDEN.

FR:

PARKER, M[#]-A1-1330
A1[#]-132

Confidential

MAIL

RECEIVED

NOV 10 2021

CSP SACRAMENTO
WARDEN'S OFFICE

11-9-21
 = B-2
 Exhibits

Jeff Lynch

11-9-21

I am writing you today because I've been forced to undergo a difficult situation daily by your officers namely Mr. Burkheart and officer Curley who continue to ask officers in my housing units around the institution to sexually assault me in retaliation to me reporting these officers for their misconduct. As you are aware 10-31-2019 your officers paid inmate Pucket to murder me in the B8 Day Room which I was stabbed 8 times, upon filing a 602 against your officers West, Parrham for their neglect of duty to protect me from foreseeable harm and danger under the color of law as peace officers your office found no neglect dispirited video showing officers taking off the "pad lock" to waste chain restraints to allow inmate pucket to run freely of restraints to attack me and attempt to murder me. To my finding all physical evidence was destroyed thrown away from the bloody jumpsuit which was taken off myself at medical and trashed, nor was it any crime scene performed of the Day Room photos of the blood that covered the Day Room floor. I am addressing this issue before you Mr. Jeff Lynch because as of today in my finding inmate pucket was found not guilty of attempt murder in his 115 hearing on the bases your staff was deeply involved in the murder attempt on my life further in the defense of my life I was found guilty of an battery on inmate while I was chained down from feet to head fighting for my life today the retaliation continue through the mass corruption your officers is involved in reaching far beyond prison into the lives of my children being subjected to child molestation

11 B-2
Exhibits

TO: ASU / ISU,
Also CME Warden office.

8-25-21

THIS NOTATION TO YOUR OFFICE IS IN REGARDS TO THE FOLLOWING INCIDENTS THAT STILL HAPPEN WHILE I SEEK TREATMENTS IN CME E.O.P LEVEL OF CARE, CELL # B10 CTC HOUSIN UNIT. I'VE WRITTEN BOTH WARDENS OFFICE (CSP-SAC) & (CME) IN REGARDS TO THE FOLLOWING CONCERNS DEALIN WITH OFFICERS ~~M. BURKET/HEART~~ ~~ET AL~~ WHO BOTH HAS AND CONTINUE TO USE SYNTHIC COMPUTER GENERATED FALSE VOICE IMPERSONATIONS OF MY FAMILY NAMELY, MOTHER VANCEENA PARKER AND FATHER: MELVIN PARKER DAUGHTER DAILIAH, NEPHEW LEQUAN AND ALSO MY EX-GIRLFRIEND Patsy and sister MYESHA, TO CONTACT HEALTH CARE PROFESSIONALS, OTHER INMATES ALSO OTHER FAMILY MEMBERS OF MINE AND FRIENDS ~~TO EXTRACT MONEY FROM THEM BY LYING TO THEM SAYIN MY LIFE IN IS UPON WAY DUE TO THE FACT, I'M A CHILD MOLESTER AND IS IN JAIL FOR BOB/RAPING AND IF MY MOTHER DID NOT GIVE MONEY BACK, OFFICERS M. BURKET/HEART AND CURLEY WOULD "KILL ME" ALSO "KILL YOUR SON". THESE CONVERSATIONS HAS TAKIN PLACE MANYTIMES AND HAS BEEN RECORDED BY FAMILY. BOTH OF THESE OFFICERS HAS ALSO USED THIS PROGRAM OF MIMICING MY FAMILY AND OTHER PROFESSIONALS SUCH AS OTHER CORRECTIONAL OFFICERS TO FOOL THEM INTO FILING FALSE DOCUMENTS BY CALLIN PRISON TO PRISON IN ORDER TO CONTROL MY MOVEMENTS SO THAT THEY CAN CONTINUE TO EXTRACT MONEY FROM MY FAMILY AND ENSURE THEM I'M DOIN~~

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Slide 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature:

Date Submitted:

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature:

Date Submitted:

82
EXHIBITS

I'm seeking a Full Blown investigation into this matter and seek prosecution of these officers N. Burkhardt and Culley for ~~sexual~~ ~~abuse~~ and extortion and the cause of attempt suicide of myself from the mental and emotional harm that's being daily inflicted upon me as they control me by micro chipping of myself and false lies that lead to me being stabbed 8 times while in B8 at (esp-sac) by inmates who they hired to kill me then covered it up.

OTC-BIO-CMF

AP1339

Melinda Burkhardt
Submitted 8-21-21

Kelley, Jo@CDCR

From: Vidales, Marissa@CDCR
Sent: Wednesday, September 1, 2021 1:35 PM
To: DL-CDCR-SAC-SOMS-OOG
Cc: DL-CDCR-CMF-SOMS-OOG
Subject: GRIEVANCE# 159398 PARKER AP1330
Attachments: 159398 PARKER AP1330.pdf

B-2
there is an
inside
X

Hi.....I'm reassigning this to your institution as the allegation seems to be about CSP-SAC staff.

Thank You.

M. Vidales
CCII Supervisor
Grievance Coordinator
(707)448-6841 ext. 2811

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE**

CDCR 7219 (Rev. 01/18)

Page 1 of 2

NAME OF INSTITUTION SAC		LOCATION OF EVALUATION TTA		DATE 05/09/2020	
REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input type="checkbox"/> USE OF FORCE <input type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS <input checked="" type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input type="checkbox"/> OTHER					
NAME LAST Parker FIRST Melvin		CDCR NUMBER AP1330		VISITOR ID # (SOMS)	
PLACE OF OCCURRENCE B8-232		DATE OF OCCURRENCE 05/09/2020		TIME OF OCCURRENCE 1015	
		TIME SEEN 1024		RN NOTIFIED TIME 1017	
PHYSICIAN NOTIFIED TIME					

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

"My mental health is being affected"

INJURIES FOUND? YES/NO

Abrasion/Scratch	<input checked="" type="checkbox"/>
Active Bleeding	<input type="checkbox"/>
Broken Bone	<input type="checkbox"/>
Bruise/Discolored Area	<input type="checkbox"/>
Burn	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>
Dried Blood	<input type="checkbox"/>
Fresh Tattoo	<input type="checkbox"/>
Cut/Laceration/Slash	<input checked="" type="checkbox"/>
Swollen Area	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Protrusion	<input type="checkbox"/>
Puncture	<input type="checkbox"/>
Reddened Area	<input type="checkbox"/>
Skin Flap	<input type="checkbox"/>
Pre-Existing	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

Chemical Agent Exposure? YES/NO

Chem. Agent Exposure Area EX

Decontaminated w/ Water? YES/NO/REFUSED

Decontaminated w/ Air? YES/NO/REFUSED

Self-decontamination Instructions given? YES/NO

Staff issued Exposure packet? YES/NO

Q 15 min. check times

Initial	1 st Check
2 nd Check	Final

TIME/DISPOSITION

C 1040

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

L. Bower, RO

PERNR / INST. ID #

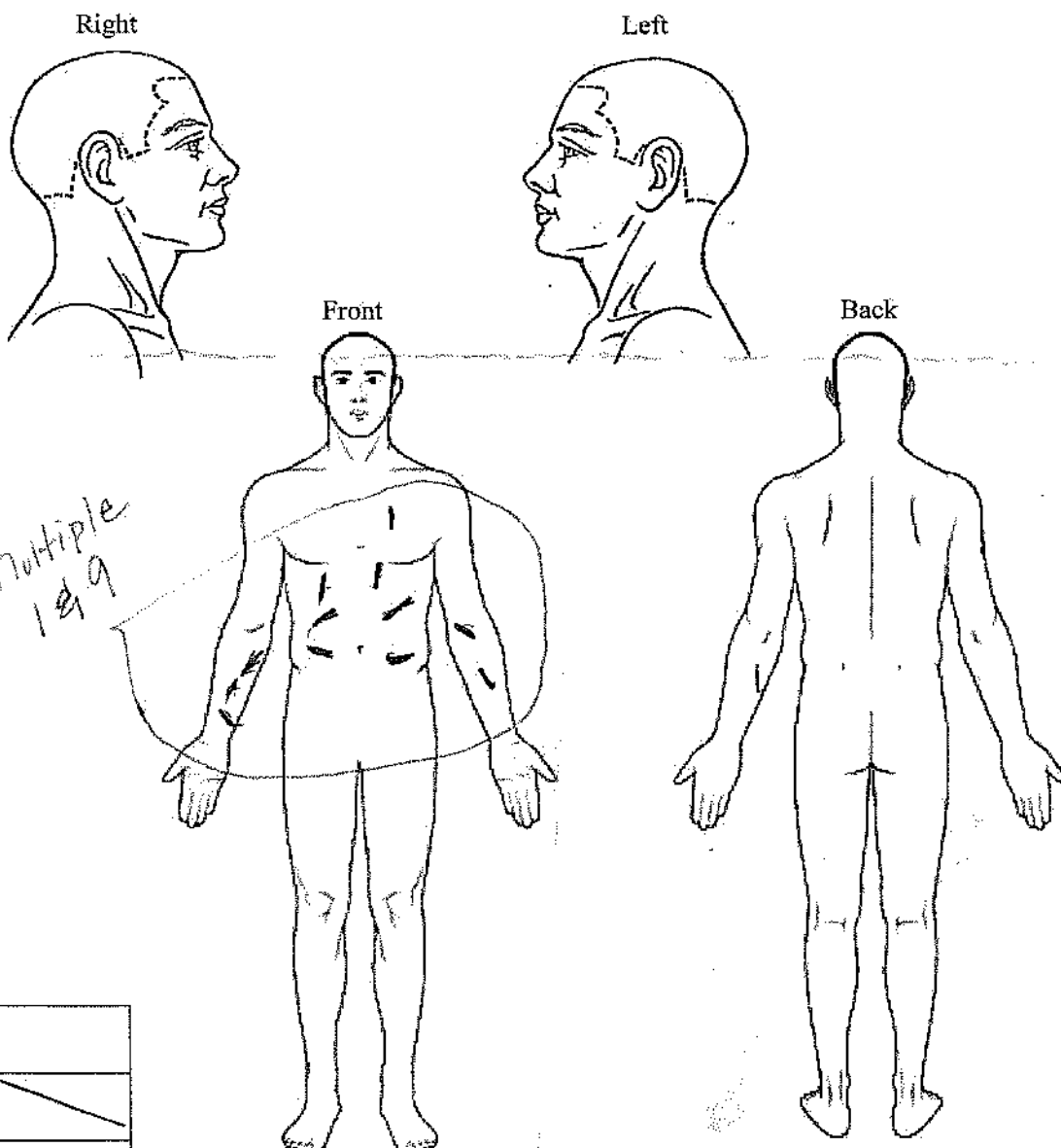
11102798

RDOs

W, T

ASSIGNMENT AREA

TTA



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE**

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Page 2 of 2

Instructions**REASON FOR REPORT**

Enter a check mark indicating the reason for the Medical Report of Injury or Unusual Occurrence. If the reason for report is not listed, place a check next to "Other" and write in the reason.

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

Ask the subject what caused the injury or unusual occurrence, and BRIEFLY enter the circumstances here (ex. Inmate stated "I fell while leaving my cell and hit my head on the bed post"). THIS SHOULD BE A DIRECT QUOTE OF THE SUBJECT'S STATEMENT.

INJURIES FOUND?

Circle "Yes" or "No" indicating whether or not physical injuries found on the subject. Do not circle "Yes" for only chemical agent exposure.

NUMERICAL INDICATORS

Circle any relevant entries, and indicate on the diagram, where the injury was found by writing the respective number in the appropriate place on the body/head diagram.

Q 15 MIN. CHECK TIEMS

The initial check time will be the same time entered in "Time Seen" in the upper portion of the form. The 1st check will be 15 minutes after the initial check. The 2nd check will be 15 mins after 1st check. The Final check will be 15 minutes after the 2nd check, and 45 minutes after the initial check.

CHEM. AGENT SPRAY AREA

Circle "EX" if subject was exposed to chemical agents, then indicate on the illustration where on the body/head diagram chemical agent exposure was located by writing "EX". If no injuries were discovered, but there was chemical agent exposure, the "Injuries Found" should indicate "No" (See example below).

INJURIES FOUND?	YES	NO
Abrasion/Scratch		1
Active Bleeding		2
Broken Bone		3
Bruise/Distended Area		4
Burn		5
Dislocation		6
Dried Blood		7
Fresh Tattoo		8
Cut/Laceration/Slash		9
Swollen Area		10
Pain		11
Protrusion		12
Puncture		13
Reddened Area		14
Skin Flap		15
Pre-Existing		16
Other		17
		18
Chemical Agent Exposure?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Chem. Agent Spray Area		<input checked="" type="radio"/> EX
Decontaminated w/ Water?	<input checked="" type="radio"/> YES	<input type="radio"/> NO / REFUSED
Decontaminated w/ Air?	<input checked="" type="radio"/> YES	<input type="radio"/> NO / REFUSED

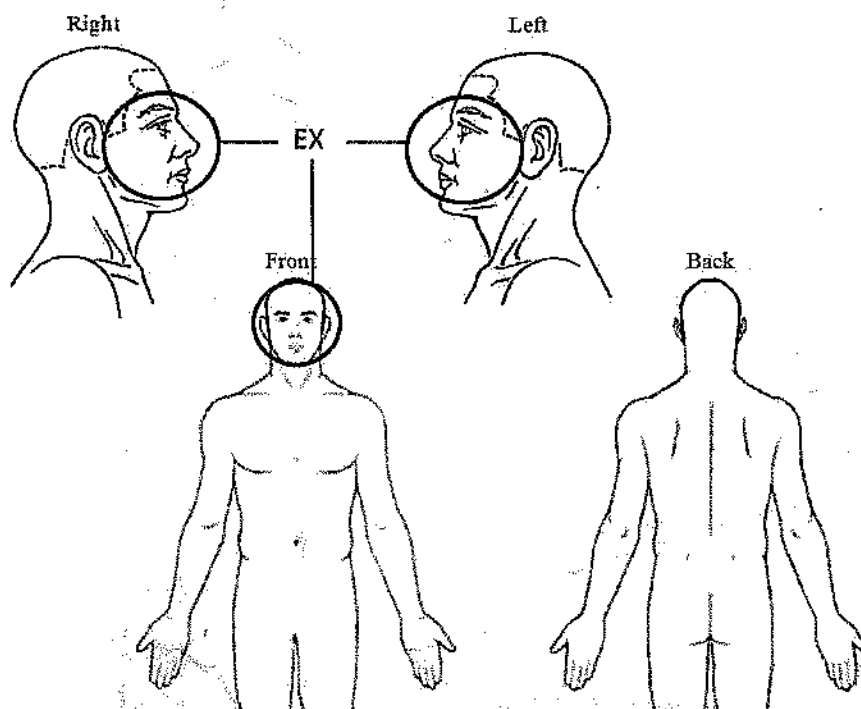


EXHIBIT COVER PAGE

C-3

EXHIBIT

Description of this Exhibit: *Letters to Superintendent CEO, 2-10-22; Letters to Lt. NEWSONE (AIM) 7-15-22; Memorandum from CMA Wardens office J. Hurtado.*

Number of pages to this Exhibit: 3 pages.

JURISDICTION: (Check only one)

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☒ United States District Court
- ☐ State Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury

= C-3
Exhibits

ATTN: SUPERINTENDENT, CHIEF EXECUTIVE OFFICER

2-10-22

THIS letter I'm writing you today is because here at (CSP-SAC) officers Mike Burkheart and Officers Curley and inmates whom they have hired to act in concert with them in their officer misconduct while utilizing an program with is and has been used here at Colson State prison for sometime now to spy/watch inmates in their housing units beyond the call of their duty.

Officers M. Burkheart and Curley both have for 1 year now have been using a software that give them the ability to watch me in my cell while I am conducting my daily living such as using the Bathroom, taking wash-ups and even while pleasuring myself. Both officers have utilized this devices to the point of being able to enter into the cell and forcefully force themselves upon me grasping me my Buttock area and my penis also penetrating me from behind while I Lay in my bed sleeping also watching Television.

This has continued without fear of Actions being taking For CSP-SAC has Failed to properly Investigate My claims beyond someone From ISU speaking to me for a couple seconds then leaving after writing down a few things on paper. They have not once been any Medical procedures conducted by law to collect DNA Body EXAMINATIONS nothing. Which is suppose to be conducted by an outside hospital under (PREA).

These officers are using Synthetic Media Voice Technology which transform your voice into whom ever your trying to mimic/sound like - They have been using this to sound like Friends and family members of Mines to make calls to people and claim "I'm in prison for Raping Babys" - Also

11
 = C-3
 Exhibits

ATTN: LT NEWSOME, (AIM) - July 15th 2022

I'm contacting you because I'm reporting officers misconduct mail tampering by stealing legal mails going out reporting CSP-SAC officers. I've been sending mail out both legal and personal mail which I've kept copies of to support my claims of officer misconduct and mail which had been sent out months ago to different organizations such as the FBI, Right to Fight, Cochran Firm (etc) and my mail have not arrived.

I have notice mails reporting officer's Michael Burkheart Cornelly and officers West who paid inmate D. Burkett to commit a crime of murder against myself 10-31-19 and sexual misconduct and illegal mentioning of myself via computer generated devices have not made it to the addressed destination. So I am writing you as a officer of internal Affairs Investigations to investigate my concerns of my mail not arriving to its assign addressed destination even when 119 legal log of all out going and incoming mail is shown to be documented as going out and dated. But the Assigned Organization has not been receiving my mail and letters -

Why not?

It's both an Fourteenth Amendment violation due process Right to Access the Courts and File Report officer conduct without being hindered and Federal violation to commit mail tampering by filing fraudulent documentation which have taking place. Please Contact me for I strongly believe Officers M. Burkheart & Cornelly and West have been filing False documents and stealing my mail from going out for reporting these officers in crimes against myself in retaliation for reporting their actions and having contact with my family & friends.

7-15-22.

Ap 1330# PARKER M. A7-124.

(ps/ Letters to my family
 Tracey Humphrey as well.)

Memorandum

Date: September 9, 2021

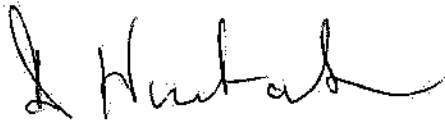
To: PARKER
AP1330
5 CTCB1-010001L

Subject: **CORRESPONDENCE RESPONSE**

This is in response to your correspondence addressed to Daniel E. Cueva Warden at the California Medical Facility (CMF). Your correspondence was reviewed and sent to Associate Warden, D. Hurtado in order to have your concerns addressed appropriately. You alleging a concern at California State Prison-Sacramento (CSP-SAC).

On Tuesday, August 17, 2021, Sergeant Tarrant met with you regarding your concerns. You conveyed that you were not really in your right mind when you wrote this letter. You stated you no longer have an issues and would like to move on to acute level of care. Additionally, you stated you did not want to return to CSP-SAC, and had been under a lot of stress. You indicate you feel better now that you have calmed down and had time to think clearly. A review of your correspondence and inquiry into your concern also reveal an investigation was completed at CSP-SAC regarding the Prison Rape Elimination Act (PREA) concerns. On Tuesday, August 24, 2021, Sergeant Helmerich met with you regarding your concerns addressed in your correspondence and you informed him that the issues cited were investigated at CSP-SAC. Review of records confirm the PREA were investigated by CSP-SAC Investigative Service Unit.

The inmate grievance process may be used to provide a remedy for inmates and parolees with identified grievances and to provide an administrative mechanism for review of departmental policies, decisions, actions, conditions, or omissions that have a material adverse effect on the welfare of inmates and parolees.



D. Hurtado
Associate Warden
Health Care Access Unit

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EXHIBITS